

## TRANSMITTAL FORM

Attorney Docket No.

RAL920010013US1/2063P

In re the application of: **Gordon T. Davis**Confirmation No: **5730**Serial No: **09/941,043**Group Art Unit: **2151**Filed: **August 28, 2001**Examiner: **Tran, Nghi V.**For: **Method and System for Delineating Data Segments Subjected To Data Compression**

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input checked="" type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	18	22	0	\$ 50.00	\$ 0.00
Independent Claims	11	11	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

## METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge any fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (IBM Corporation)

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Janyce R. Mitchell, Reg. No. 40,095
Signature	/Janyce R. Mitchell/Reg. No. 40,095 Janyce R. Mitchell
Date	December 12, 2005

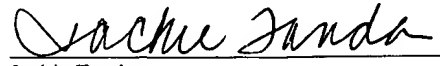
## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 12, 2005	
Type or printed name	Jackie Tanda
Signature	<i>Jackie Tanda</i>



CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **December 12, 2005**.

  
Jackie Tanda

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: December 12, 2005

Gordon Taylor DAVIS, et al.

Confirmation No: 5730

Serial No: 09/941,043

Group Art Unit: 2151

Filed: August 28, 2001

Examiner: Tran, Nghi V.

For: **METHOD AND SYSTEM FOR DELINEATING DATA SEGMENTS  
SUBJECTED TO DATA COMPRESSION**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**FINAL RESPONSE**

Sir:

In response to the Final Office Action dated October 11, 2005, please amend the above-identified application in the following manner:

**A Listing of Claims** begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.